

LSI LOGIC

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LSI LOGIC CORPORATION
Office of General Counsel
1621 Barber Lane
M/S D-106
Milpitas, CA 95035
Fax: (408) 433-7460

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From: **Name:** Manu Kashyap, Intellectual Property Paralegal
Corporate Legal Dept.
Telephone: (408) 433-7475
Fax: (408) 433-7460
Re: 10/694,208 (03-2064)

Number of Pages Including this Page 5

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Filing of Information Disclosure Statement
Serial No. 10/694,208
Filing Date: 10/27/2003

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PTO/SB/21 (12/97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	10/694,208	
	Filing Date	October-27, 2003	
	First Named Inventor	Alexandre Andreev	
	Group Art Unit	2825	
	Examiner Name		
Total number of pages in this submission	4	Attorney Docket Number	03-2064

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits(s)/declaration(s) <input type="checkbox"/> Extension of time request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Paper <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): 1. Return address postcard for PTO mailroom to date stamp.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Timothy Croll, Reg. No. 36,771, Phone: [+1] 408-433-7475
Signature	
Date	8 Nov 05

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: June 8, 2005

Typed or printed name	Manu Kashyap, Phone: [+1] 408-433-7475
Signature	Date <u>6/8/05</u>

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Patent Fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)

(\$)

0

Complete if Known

Application Number 10/694,208

Filing Date October-27, 2003

First Named Inventor Alexandre Andreev

Group Art Unit 2825

Examiner Name

Attorney Docket No.

/ 03-2064

METHOD OF PAYMENT (check one)

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payment to:

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12-2252

Deposit Account Number

LSI LOGIC CORPORATION



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Charge the Issue Fee Set in 37 C.F.R. 1.18 at the Mailing of the Notice of

- 2.
- ☐
- Payment Enclosed:



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Money Order



Other

FEE CALCULATION

1. BASIC FILING FEE

Larg eFee Code	Entt yFee (\$)	Larg eFee Code	Entt yFee (\$)	Fee Description	Fee Paid
101	790	201	395	Utility filing fee	
106	330	206	165	Design filing fee	
107	340	207	270	Plant filing fee	
108	790	208	395	Reissue filing fee	
114	150	214	75	Provisional Filing fee	

SUBTOTAL (1) (\$)

0.00

2. EXTRA CLAIM FEES

Total claim		Extra Claim	Fee from below	Fee Paid
Independent Claims	-20**=			
Multiple Dependent	-3**=			

**or number previously paid, if greater; For Reissues, see below

Larg eFee Code	Entt yFee (\$)	Larg eFee Code	Entt yFee (\$)	Fee Description
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	82	209	41	**Reissue independent claims over original patent
110	22	210	11	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

0.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Larg eFee Code	Entt yFee (\$)	Larg eFee Code	Entt yFee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing request for reexamination	
112	920*	112	920	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	950	217	475	Extension for reply within third month	
118	1510	218	755	Extension for reply within fourth month	
128	2,060	228	1,030	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,320	241	660	Petition to revive - unintentional	
142	1,320	242	660	Utility issue fee (or reissue)	
143	450	243	225	Design issue fee	
144	670	244	335	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional application	
126	240	126	240	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129)	
149	790	249	395	For each additional invention to be examined (37 CFR 1.129 (b))	

Other fee (specify)

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

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SUBMITTED BY

Typed or printed name

Timothy Croll

Signature

Date

8 JUN 05

Complete (if applicable)

Reg. Number

36,771

Deposit Account User ID

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PAGE 5/5 * RCVD AT 6/8/2005 6:17:42 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/0 * DNIS:8729306 * CSID:408 433 7460 * DURATION (mm-ss):01-40

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